

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 4:14CR00187 JAR	FILED SEP 28 2016 U.S. DISTRICT COURT EASTERN DISTRICT OF MO ST. LOUIS
DEFENDANT Pamela Tabatt, et al.		TYPE OF PROCESS Final Order of Forfeiture	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Approximately \$68,996.56 from First Community Credit Union, Acct. #920301122		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
Asset Forfeiture Office of the United States Attorney 111 South Tenth Street, 20th Floor St. Louis, Missouri 63102		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

DISPOSE ACCORDING TO LAW / 13-DEA-589289

SEP 26 PM 4:07

Signature of Attorney or other Originator requesting service on behalf of: /s/ Jennifer A. Winfield	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 314/539-7740	DATE September 26, 2016
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. <u>1</u>	District of Origin No. <u>44</u>	District to Serve No. <u>44</u>	Signature of Authorized USMS Deputy or Clerk <u>C Rongey</u>	Date <u>9-26-16</u>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.						
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).						
Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)				Date of Service <u>X</u>	Time am pm	
				Signature of U.S. Marshal or Deputy <u>[Signature]</u>		
Service Fee <u>\$65</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>\$65</u>	Advance Deposits	Amount Owed to US Marshal or <u>\$65</u>	Amount or Refund

REMARKS:

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Asset Disposed According to Law
\$68,996.56 deposited to AFF 09/28/2016.

PRIOR EDITIONS MAY
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)



USMS RECORD

☐ NOTICE OF SERVICE

☐ BILLING STATEMENT

☐ ACKNOWLEDGMENT OF RECEIPT